2719 Mail Service Center
Raleigh, NC 27699-2719
DIVISION OF HEALTH
SERVICE REGULATION

HEALTH CARE PERSONNEL REGISTRY
INVESTIGATIONS BRANCH
HEALTH CARE PERSONNEL REGISTRY SECTION

PHONE: (919) 855-3968
FAX: (919) 733-3207
N.C. DEPARTMENT OF HEALTH &
HUMAN SERVICES

24-HOUR INITIAL REPORT
NOTIFICATION OF FACILITY ALLEGATION TO HCPR

FACILITY INFORMATION

Facility Name: _____

Facility Type: _____ Main Office Phone #: ( ) _____ Main Office Fax #: ( ) _____

Facility/Agency License #: _____ Provider # (If Certified): _____ County: _____

Contact Person: _____ Title: _____

Facility Administrator: _____ Title: _____

Actual Incident Location Street: _____ City: _____ State: _____ Zip: _____

MAIN OFFICE Mailing Address Street: _____ City: _____ State: _____ Zip: _____

ACCUSED NURSE AIDE/HEALTH CARE PERSONNEL INFORMATION:

Full Name: _____ Title: _____

Social Security #: _____ Date of Birth: _____ Date of Hire: _____

Last Known Address: _____ City: _____ State: _____ Zip: _____

Driver's License # _____ Other Information: _____

Home Phone #: ( ) _____ Other Number (Cellular, Pager, Work, etc.): _____

ALLEGATION TYPE: *(Check all that Apply)*

- ☐ 1. RESIDENT ABUSE
- ☐ 2. RESIDENT NEGLECT
- ☐ 3. DIVERSION OF RESIDENT DRUGS
- ☐ 4. DIVERSION OF FACILITY DRUGS
- ☐ 5. FRAUD AGAINST RESIDENT
- ☐ 6. FRAUD AGAINST FACILITY
- ☐ 7. MISAPPROPRIATION OF FACILITY PROPERTY
- ☐ 8. MISAPPROPRIATION OF RESIDENT PROPERTY
- ☐ 9. INJURY OF UNKNOWN SOURCE

RESIDENT NAME: _____ Date of Birth _____ Incident Date: _____

ALLEGATION DESCRIPTION: _____

INJURY/MENTAL ANGUISH DESCRIPTION: _____

➔INVESTIGATION REPORT MUST FOLLOW WITHIN 5 WORKING DAYS ←

NC §131E-256.(g) The results of all investigations must be reported to the Department [HCPR]within five working days of the initial notification to the Department.

Failure to comply may result in referral to the Complaints Investigation Unit.

(Printed Name and Title of Person Preparing Report) _____ (Signature of Person Preparing Report) _____ (Date)